Start: Feb 15, 2022   **Deadline:** Mar 8, 2022

Grace Period: 3 days

Application Fee (USD): $0.00 ?

Applications: None

Share: https://impact100westchester.slideroom.com/#/permalink/pr

The Focus Area Award is back for the 2022 Grant Cycle! One grant of $15,000 and two grants of $6,000 each will be awarded to nonprofit organizations that operate one or more Children's Mental Health programs for Westchester residents.

2022 Focus Area Award: Children's Mental Health

Deadline: Mar 8, 2022

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Forms

Focus Area Award Eligibility Guidelines

1. **Please confirm that you have reviewed our Focus Area Award Eligibility Guidelines in detail, which can be found on our website at: https://impact100westchester.wildapricot.org/FocusAreaAward/**
Choose one of the following:

2. **To help us properly identify this application, the SlideRoom account profile should indicate the organization's name. Before proceeding any further, please confirm that the SlideRoom profile reflects the organization name.**
Contact SlideRoom support at support@slideroom.com if you need help updating your account profile.

Focus Area Award

1. **Legal name of organization applying for the Focus Area Award:**
The name must match the 501(c)(3) certificate.

2. **Site Address where the main activities are located:**

3. **Mailing address, if different from site address:**

4. **Website:**

5. **Executive Director Name:**

6. **Executive Director Email:**

7. **Executive Director Phone:**

8. **Federal Tax ID:**
   Enter the Federal Employer Identification Number (EIN) (##-#######).

9. **Upload your 501(c)(3) Determination Letter confirming you are a charitable organization exempt from Federal Income Taxes.**

10. **When did the organization begin operations?**
    Enter the date (mm/dd/yyyy) your organization began operations If only a month and year are indicated, simply use the 1st of the month.
    * This question has conditional followup questions.

11. **When did your organization start the children's mental health program(s)?**
    Enter the date (mm/dd/yyyy) your organization started its children's mental health program(s). If only a month and year are indicated, simply use the 1st of the month.
    * This question has conditional followup questions.

12. **Provide your organization's brief mission statement.**
    500 character limit, including spaces.

13. **Describe your organization's children's mental health program(s).**
    2500 character limit, including spaces

14. **Specify the frequency and number of people served by your children's mental health program(s).**
    1000 character limit, including spaces

15. **Describe the target population served by your children's mental health program(s).**
    Include number served, demographics, location of beneficiaries. 500 character limit, including spaces.

16. **Describe the NEEDS of the target population that are addressed by your children's mental health program(s).**
    Include specific data, solid research or agency experience explaining the unmet need in Westchester that your organization addresses. 1800 character limit, including spaces.

17. **What percentage of people served by your children's mental health program(s) are Westchester residents? Explain if needed.**
    Enter integer, e.g. enter "85" for 85%

18. **In the past two years, has your CPA or auditor expressed any concerns regarding your organization's financial health and/or ability to continue to operate?**

19. **Upload your most recent AUDITED or REVIEWED financial statement, including Review or Audit letter from your accountant.**
    Note: SlideRoom has a 10 MB size limit for PDFs; you may need to compress your file before uploading; see Grant FAQs under Apply for A Grant on our website for further information.

20. **Upload your most recently filed IRS Form 990 together with all supporting schedules.**
    Note: SlideRoom has a 10 MB size limit for PDFs; you may need to compress your file before uploading; see Grant FAQs under Apply for a Grant on our website for further information.

21. **Enter your organization's Total Revenue for the fiscal year ended during 2021.**
    Enter the amount as a whole number without commas.

Focus Area Award Authorization

1. **Executive Director Certification re: Accuracy & Completeness**
   By typing the Executive Director's name below you are certifying that the Executive Director attests to the accuracy and completeness of this application.

2. **Executive Director Certification re: Children's Mental Health**
   By typing the Executive Director's name below you are certifying that, should you be awarded this grant, it will be used exclusively for children's mental health programming.